



Planning & Development
10770 West Oakland Park Blvd. • Sunrise, FL 33351 • P: 954.746.3270 • F: 954.746.3287

PLANNING AND DEVELOPMENT DEPARTMENT
APPLICATION FOR ALLOCATION OF RESERVE UNITS
(L.D.C. SECTION 16-116)

1. Name of Development _____
- Name of Applicant _____
- _____
- Address _____
- _____ Contact: _____
- Telephone No. _____ Fax No. _____

Contact Person/Agent _____

Company Name _____

Address _____

Telephone No. _____ Fax No. _____

(IF AGENT, SUBMIT LETTER OF AUTHORIZATION)

2. Name of Property Owner _____
- Address _____
- _____
- Telephone No. _____

3. Legal Description of Property Covered by this Application:
- _____
- _____
- _____
4. Address, Location of Subject Property _____
- _____
- _____
5. Folio Number _____ Current Zoning _____
6. Current Future Land Use Map designation(s):
- City _____
- County _____
7. Size of Property _____ Sq. Ft. Acres _____
8. Does property owner own contiguous property to the subject property? If so, give complete legal description of entire contiguous property.
- _____
- _____
- _____
- *9. Is there an option to purchase or lease subject property or property contiguous thereto, predicated on the approval of this application? Yes___ No___ If yes, who are the affected parties? _____
- _____
- _____
10. Number of requested Reserve Units_____ and applicable Flex Zone#_____

11. Are there any other pending development review applications related to the subject property? Yes_____ No_____ If yes, identify the project(s) _____

12. Provide written justification, in accordance with Section 16-116(b), in support of the requested allocation.

* Copy of purchase contract must be submitted with this application.

ATTORNEY AFFIDAVIT

I, _____, being first duly sworn, depose and say that I am an Attorney at Law, who is licensed to practice in the State of Florida, who represents the Owner of the property described above, and which is the subject matter of a proposed public meeting; that all data and other supplementary matter attached to and made a part of this application are honest and true to the best of my knowledge and belief. I understand this application must be accurately completed before a City Commission meeting can be held. I have advised my client that if any material misrepresentation is made regarding this application, either oral or written, can cause this application to be cancelled, and any allocation granted may become voided by the City of Sunrise, at its sole option.

Signature

State of _____,
County of _____:

Sworn and subscribed to before me, a Notary Public, by _____,
this ____ day of _____ 20____, who is either personally known to me or who
has produced _____ as identification.

My Commission Expires:

Notary Public for the State of _____
Print Name: _____

CORPORATION AFFIDAVIT

I, _____, being first duly sworn, depose and say that I am the President of _____, a corporation existing under the laws of the State of _____, and who is authorized by the corporation to file this application for a City Commission meeting; that all answers to the questions in said application, sketches, data, and other supplementary matter attached to and made a part of the application, are honest and true to the best of my knowledge and belief; that said corporation is the _____ owner _____ tenant of the property described herein and which is the subject matter of the proposed meeting. I understand this application must be accurately completed before a meeting can be held. In the event that I, or anyone appearing on behalf of the corporate applicant, am found to have made a material misrepresentation, either oral or written, regarding this application, it is understood that the application can be cancelled, and any allocation granted may be made null and void by the City of Sunrise, at its sole option.

President's Signature (Corp. Seal)

ATTEST:

Secretary's Signature

State of _____,
County of _____:

Sworn and subscribed to before me, a Notary Public, by _____,
this _____ day of _____ 20____, who is either personally known to me or who
has produced _____ as identification.

My Commission Expires:

Notary Public for the State of _____
Print Name: _____

DISCLOSURE OF OWNERSHIP

Please list below the name, address, and percentage of ownership of any owner of the real property that is the subject matter of this application. Include all parties who have a financial interest, either directly or indirectly, in the subject real property, including but not limited to, all shareholders, beneficiaries to a trust, partners to any partnership agreement, and members of an investment group involving local participation.
